MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11495

CERTIFICATE OF DEATH

Reg. Diat. No. 355

1. PLACE OF DEATH:
County WORCESTER
City or town BERLIN
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 YEAR
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County WORCESTER.
City or town BERLIN
(If outside city or town limits, write RURAL and give nearest town)
Street No. S. MAIN
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME BESSIE DUANE BEAUCHAMP.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6.(b) Name of husband or wife THEODORE F. BEAUCHAMP. 6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) MAY 24, 1875

8. AGE: Years	Months	Days	If less than one day
70	6	5	... hrs. ... min.

9. Birthplace DAMES QUARTER MD. (Town, county, and state)
10. Usual occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name ISAAC TODD.
13. Birthplace MARYLAND.

MOTHER
14. Maiden name EMILY SCOTT
15. Birthplace MARYLAND

16. Informant MRS. CHARLES RICHARDSON
Address BERLIN, MD

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 12/5/45 (month) (day) (year)
Cemetery or crematory EVERGREEN
Location BERLIN, MD

18. Funeral director Anna A. Burbage
Address Berlin Md

19. 12-3 1945 Helen H. Hayward Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1945 at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-29-45 19... to 11-29-45 19... and that I last saw h... alive on 11-29-45 19...

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Hypertrophic Endocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...
Autopsy results ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE Clifford E. Dehuff M. D. or other
Address Berlin Md Date signed 11-29-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

11496

Reg. Dist. No. 351

1. PLACE OF DEATH:

County: Worcester

City or town: (If outside city or town limits, write RURAL and give nearest town) near Snow Hill Md

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: (If outside city or town limits, write RURAL and give nearest town) near Snow Hill md

Street No.: no (If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Clayton Blake

3.(b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a a	married

6.(b) Name of husband or wife: Minnie A. Blake

6.(c) If alive, give age: Don't Know years

6.(d) If yes

7. Birth date of deceased (mo., day, yr.): about 1886

8. AGE: Years	Months	Days	If less than one day
about 59			hrs. min.

9. Birthplace: Worcester Co near Snow Hill Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Same as above

12. Father's Name: Williams E Blake

13. Father's Birthplace: Worcester Co near Snow Hill Md

14. Mother's Maiden name: Maria Robins

15. Mother's Birthplace: Worcester Co near Snow Hill Md

16. Informant: George Blake

Address: Berlin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15 1946 (month) (day) (year)

Cemetery or crematory: M.E. Wesley

Location: near Snow Hill

18. Funeral director: James H. Steward

Address: Salisbury Md

19. Nov. 15 1945 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12, 1945, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6, 1945, to Nov. 12, 1945 and that I last saw him alive on Nov. 11, 1945

Immediate cause of death	DURATION
Cholera Morbus	5 days
Due to: Infection	
Due to:	
Other conditions: Myocarditis Nephritis (Include pregnancy within 3 months of death)	year year

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: G H Gumby M.D. M. D. or other

Address: Salisbury Md Date signed 11-14-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11497

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Hickory Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Elizabeth Jane Bonneville

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Henry T. Bonneville
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 6, 1869

8. AGE:	Years	Months	Days	If less than one day
	75	11	4	hrs. min.

9. Birthplace: Klej Grange-Worcester-Maryland
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business

FATHER
12. Name: Wm Edward Bennett
13. Birthplace: Girdletree, Maryland

MOTHER
14. Maiden name: Charlotte Ellen Ritchie
15. Birthplace: Snow Hill, Maryland

16. Informant: Mrs. Bessie Sparrow
Address: 317 W. 31st St., Norfolk, Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12, 1945 (month) (day) (year)
Cemetery or crematory: Salem Methodist Cemetery
Location: Pocomoke City, Maryland

18. Funeral director: H. Harvey Bradshaw
Address: Pocomoke City, Maryland

19. Nov 12 1945 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10, 1945, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30, 1945, to Nov 10, 1945, and that I last saw h[illegible] alive on '79 1945

Immediate cause of death	DURATION
Cerebral Thrombosis	1 wk
Due to: Chronic Interstitial Nephritis	2 yr
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. M. Nelson M. D. or other
Address: Pocomoke City Date signed 11/11/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11498 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester.

City or town: Newark R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester.

City or town: Newark R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Elmer S. Bowen.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 1, 1893.

8. AGE: Years	Months	Days	If less than one day
52	1	16	..... hrs. ..... min.

9. Birthplace: Newark Md. (Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER — 12. Name: Samuel I. Bowen.

13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Ella E. Bowen.

15. Birthplace: Maryland.

16. Informant: Mrs. Pauline Bowen

Address: Newark Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/20/45 (month) (day) (year)

Cemetery or crematory: Bowen

Location: Newark Md

18. Funeral director: Anna B. Bunting

Address: Berlin Md.

19. 11/20 19 45 LeRoy Lewis Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 19 45 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-1926 19 45 to 11-17 19 45 and that I last saw h.. alive on 11-16 19 45

Immediate cause of death	DURATION
Acute Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Clifford E. Isbett M. D. ~~or other~~

Address: Berlin Md Date signed 11/19/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-E)

CERTIFICATE OF DEATH

11493

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Rural Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 69 Years
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Rural Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Annie R. Dickerson

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	married

6.(b) Name of husband or wife: James Dickerson
6.(c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): June 15 1876

8. AGE: Years: 69 | Months: 4 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Pocomoke Worcester, Md.
(Town, county, and state)
10. Usual occupation: housewife
11. Industry or business:

FATHER
12. Name: John Robbins
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Eaton
15. Birthplace: Maryland

16. Informant: James Dickerson
Address: Rural Pocomoke Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 14-1945 (month) (day) (year)
Cemetery or crematory: Unionville M.E. Cemetery
Location: Rural Pocomoke Md.
18. Funeral director: Margaretta & Fountain
Address: Pocomoke Md.
19. Nov 14 1945 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10 1945 at 1 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 9th 1945 to Nov 9 1945 and that I last saw h[illegible] alive on Nov 9th 1945

Immediate cause of death	DURATION
Due to: Carcinoma Uterus	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: D. E. Fountain M. D. or other
Address: Pocomoke City Md. Date signed 11/17/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

CERTIFICATE OF DEATH

★ Reg. Diat. No. 11500 35 S

1. PLACE OF DEATH:
County: Worcester
City or town: W Salisbury
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: W Salisbury
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Rozena Evans

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Cornelious Evans
6.(c) If alive, give age: 87 years
7. Birth date of deceased (mo., day, yr.): Sept 14 1868

8. AGE: Years 77 | Months 11 | Days 14 | If less than one day: hrs. min.

9. Birthplace: W Salisbury (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Housework.
FATHER 12. Name: Purnell Lewis
13. Birthplace: Md.
MOTHER 14. Maiden name: Nancy Truitt
15. Birthplace: Md.
16. Informant: Mr. Willie Evans.
Address: W Salisbury. Md.
17. (Burial, cremation, or removal. Which) Burial Date thereof (month) (day) (year) Nov. 30, 1945
Cemetery or crematory: W Salisbury
Location: W Salisbury Md
18. Funeral director: M. Pasha Walson
Address: Salisbury, Del.
19. (Date rec'd by registrar) 11-30 45 Registrar: Helen F. Hayward

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 28 1945 at 9 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May - 1945, to Nov 28 1945
and that I last saw h alive on 19
Immediate cause of death: Chr. Myocarditis — DURATION
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Chas R Law MD
M. D. or other
Address: Berlin Md Date signed 11-29-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

11591

Reg. Dist. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin md R.F.D. No 2

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md County: Worcester

City or town: Berlin md R.F.D. No 2

(If outside city or town limits, write RURAL and give nearest town)

Street No.: no

(If rural, give LOCATION) no

2.(a) If veteran, name war:

3. (a) FULL NAME: Harry Stevinson Henry

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	married

6.(b) Name of husband or wife: Elana V. Henry

6.(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): about 1887

8. AGE: Years	Months	Days	If less than one day
about 58	—	—	hrs. min.

9. Birthplace: Berlin md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Same as above

FATHER 12. Name: Harry Henry

FATHER 13. Birthplace: Berlin Md

MOTHER 14. Maiden name: Sophia Pitts

MOTHER 15. Birthplace: Berlin md

18. Informant: Mary Henry

Address: Berlin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 3 - 1945 (month) (day) (year)

Cemetery or cremetory: Hammonds

Location: Byrnesburg md near Berlin md

18. Funeral director: James D. Stewart

Address: Salisbury Md

19. 12-3-45 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-29 1945 at 3.50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9-22 1945, to 11-28 1945

and that I last saw him alive on 11-27 1945

Immediate cause of death: Uremia — DURATION: 3 days

Due to: Nephritis — DURATION: 2 mo

Due to: — DURATION:

Other conditions: — DURATION:

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. A. Purnell M.D. M. D. or other

Address: 800 W. Main Date signed: 11-29-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-6

CERTIFICATE OF DEATH

11502

Reg. Dist. No. 351

1. PLACE OF DEATH:
County: Worcester
City or town: Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Theodore Milbourne

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 13 - 1928

8. AGE: Years	Months	Days	If less than one day
17	8	4	hrs. min.

9. Birthplace: Snow Hill Worcester Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Farm
FATHER 12. Name: Theodore Milbourne
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Priscilla Waters
MOTHER 15. Birthplace: Maryland
16. Informant: Theodore Milbourne
Address: Snow Hill, Md Rural #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 19 45 (month) (day) (year)
Cemetery or crematory: Mt Wesley
Location: Snow Hill Md
18. Funeral director: Adams & Bunting
Address: Snow Hill Md
19. 11/19/45 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17 19 45, at 3:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 19 45 to Nov. 17 19 45
and that I last saw him alive on Nov. 16 19 45

	DURATION
Immediate cause of death: acute Pulmonary Edema	4 days
Due to: Congestive Cardiac failure	6 mos.
Due to: Rheumatic Heart Disease	4 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert L. LaMar MD
M. D. or other
Address: Snow Hill Date signed 11-17-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 11350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 89 Years
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Dana Street
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Hester J. Cutten

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

6.(b) Name of husband or wife: Stephen Cutten
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): October 3, 1856

8. AGE:

Years	Months	Days	If less than one day
89	1	6	...hrs. ...min.

9. Birthplace: Pocomoke Worcester Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —

FATHER
12. Name: Francis Merritt
13. Birthplace: Md.

MOTHER
14. Maiden name: Rosie Young
15. Birthplace: Md.

16. Informant: Harry Cutten
Address: Pocomoke Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: November 12 1945 (month) (day) (year)
Cemetery or crematory: Goodwill M.E. Cemetery
Location: Rural Pocomoke Md.

18. Funeral director: Margarette L. Watson
Address: Pocomoke Md.

19. Nov. 12 1945 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9 1945 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1945 to Nov 9 1945
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death: Cerebral Hemorrhage	1 wk
Due to: Chronic Nephritis	2 yr
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: J. M. Nelson M. D. or other
Address: Pocomoke City Date signed 11-10-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

11504

Reg. Dist. No. 351

1. PLACE OF DEATH:
County: Wicomico
City or town: Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Snow Hill Rural #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Jacob Jessoms

3.(b) Social Security Number: 230-14-1045

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Nora Jessoms
6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): May 27 - 1877

8. AGE:

Years	Months	Days	If less than one day
68	6	1	hrs. min.

9. Birthplace: Pocomoke North Carolina
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Henry Jessoms
13. Birthplace: North Carolina
MOTHER 14. Maiden name: Embourey
15. Birthplace:
16. Informant: Nora Jessoms
Address: Snow Hill, Md Rural #1
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-2-45 (month) (day) (year)
Cemetery or crematory: M.M. Wesley
Location: Snow Hill Md
18. Funeral director: Pearsall & Timmons
Address: Snow Hill Md
19. 11/29/45 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 28 1945, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1944, to Nov. 22 1945 and that I last saw him alive on Nov. 22 1945.

Immediate cause of death	DURATION
Acute pulmonary Edema	3 wks
Due to: Congestive Cardiac failure	1 year.
Due to: Hypertensive Cardiovascular renal disease.	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Robert L. LaMar, M.P.
M. D. or other
Address: Snow Hill. Date signed 1-28-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

★ 11505

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester.

City or town Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester.

City or town Berlin.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Glenmore S. Williams.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Mary R. Williams

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1878

8. AGE: Years	Months	Days	If less than one day
67	5	18	hrs. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Thomas E. Williams

13. Birthplace Maryland.

MOTHER 14. Maiden name Mary Caroline Madden

15. Birthplace Maryland.

16. Informant Mrs. Otho Taylor.

Address Newark, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/24/45 (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md

18. Funeral director Bruce A. Bunting

Address Berlin Md

19. 11-24 1945 Helen S. Hayward Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 19 45, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (19 to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Coronary occlusion	Sudden
Due to Generalized Arteriosclerosis	15 yrs
Due to Hypertension	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Purcell M.D.
M. D. or other

Address Berlin Md Date signed 11-24-45